

OMB No. 1545-0008		
a Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
001	10039.66	5000.00
	3 Social security wages	4 Social security tax withheld
	0.00	0.00
	5 Medicare wages and tips	6 Medicare tax withheld
	4808.07	82.37

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICES
330 MOUNT AUBURN STREET
CAMBRIDGE, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1
b Employer's identification number	d Employee's social security number	
04-3026897	024-28-8555	
13 See Instrs. for Box 13	14 Other	
SICK PAY (J) 64883.18		

e Employee's name, address, and ZIP code

ANTHONY SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA. 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshid. emp.	Subtotal	Deferred compensation
1995	16 State	Employer's state I.D. No.			17 State wages, tips, etc.	
					10039.66	
W-2	18 State income tax				19 Locality name	
Copy for EMPLOYEE'S	0.00					
State, City, or Local	20 Local wages, tips, etc.				21 Local income tax	
Income Tax Return	10039.66				0.00	

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0048

a Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	74246.24	3600.00
	3 Social security wages	4 Social security tax withheld
	61200.00	3794.40
	5 Medicare wages and tips	6 Medicare tax withheld
	74246.24	1076.57

c Employer's name, address, and ZIP code
MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1
b Employer's identification number 043026897		d Employee's social security number 024-28-8555
13 See Instrs. for Box 13 C 1453.92		14 Other

e Employee's name, address, and ZIP code
ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA
01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
		X				
1995	16 State	Employer's state I.D. No.		17 State wages, tips, etc.		
	MA	042103606		74246.24		
Form W-2 Wage and Tax Statement				18 State income tax	19 Locality name	
Copy for EMPLOYEE'S State, City, or Local Income Tax Return				4232.58		
				20 Local wages, tips, etc.	21 Local income tax	

Department of the Treasury—Internal Revenue Service

W2B - Disabil

84

OMB No. 1545-0008	
a Control number	001
1 Wages, tips, other compensation	10039.66
2 Federal income tax withheld	5000.00
3 Social security wages	0.00
4 Social security tax withheld	0.00
5 Medicare wages and tips	4808.07
6 Medicare tax withheld	82.37

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICES
330 MOUNT AUBURN STREET
CAMBRIDGE, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number	d Employee's social security number
04-3026897	024-28-8555
13 See Instrs. for Box 13	14 Other
SICK PAY (J) 64883.18	

e Employee's name, address, and ZIP code

ANTHONY SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA. 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
1995					10039.66	
Form W-2 Wage and Tax Statement						
Copy for EMPLOYEE'S State, City, or Local Income Tax Return						
16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
		10039.66	0.00		10039.66	0.00

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008	
a Control number	001
1 Wages, tips, other compensation	10039.66
2 Federal income tax withheld	5000.00
3 Social security wages	0.00
4 Social security tax withheld	0.00
5 Medicare wages and tips	4808.07
6 Medicare tax withheld	82.37

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICES
330 MOUNT AUBURN STREET
CAMBRIDGE, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number	d Employee's social security number
04-3026897	024-28-8555
13 See Instrs. for Box 13	14 Other
SICK PAY (J) 64883.18	

e Employee's name, address, and ZIP code

ANTHONY SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA. 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
1995					10039.66	
Form W-2 Wage and Tax Statement						
Copy B To Be Filed With Employee's FEDERAL Tax Return						
16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
		10039.66	0.00		10039.66	0.00

16-0331690 Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008	
a Control number	001
1 Wages, tips, other compensation	10039.66
2 Federal income tax withheld	5000.00
3 Social security wages	0.00
4 Social security tax withheld	0.00
5 Medicare wages and tips	4808.07
6 Medicare tax withheld	82.37

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICES
330 MOUNT AUBURN STREET
CAMBRIDGE, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number	d Employee's social security number
04-3026897	024-28-8555
13 See Instrs. for Box 13	14 Other
SICK PAY (J) 64883.18	

e Employee's name, address, and ZIP code

ANTHONY SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA. 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
1995					10039.66	
Form W-2 Wage and Tax Statement						
Copy for EMPLOYEE'S State, City, or Local Income Tax Return						
16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
		10039.66	0.00		10039.66	0.00

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008	
a Control number	001
1 Wages, tips, other compensation	10039.66
2 Federal income tax withheld	5000.00
3 Social security wages	0.00
4 Social security tax withheld	0.00
5 Medicare wages and tips	4808.07
6 Medicare tax withheld	82.37

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICES
330 MOUNT AUBURN STREET
CAMBRIDGE, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number	d Employee's social security number
04-3026897	024-28-8555
13 See Instrs. for Box 13	14 Other
SICK PAY (J) 64883.18	

e Employee's name, address, and ZIP code

ANTHONY SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA. 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
1995					10039.66	
Form W-2 Wage and Tax Statement						
Copy C For EMPLOYEE'S RECORDS						
16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
		10039.66	0.00		10039.66	0.00

Department of the Treasury—Internal Revenue Service

(FORM 275) - EMPLOYEE COPIES (Black)

(FORM 275) - EMPLOYEE COPIES (Black)

W2 A

OMB No. 1545-0008	
a Control number	1 Wages, tips, other compensation 74246.24
	2 Federal income tax withheld 3600.00
	3 Social security wages 61200.00
	4 Social security tax withheld 3794.40
	5 Medicare wages and tips 74246.24
	6 Medicare tax withheld 1076.57

c Employer's name, address, and ZIP code
MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number 043026897	d Employee's social security number 024-28-8555
---	--

13 See Instrs. for Box 13

C 1453.92

e Employee's name, address, and ZIP code
ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA
01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
		X				
1995	16 State	Employer's state I.D. No.		17 State wages, tips, etc.		
	MA	042103606		74246.24		
Form W-2 Wage and Tax Statement				18 State income tax	19 Locality name	
				4232.58		
Copy for EMPLOYEE'S State, City, or Local Income Tax Return				20 Local wages, tips, etc.	21 Local income tax	

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008	
a Control number	1 Wages, tips, other compensation 74246.24
	2 Federal income tax withheld 3600.00
	3 Social security wages 61200.00
	4 Social security tax withheld 3794.40
	5 Medicare wages and tips 74246.24
	6 Medicare tax withheld 1076.57

c Employer's name, address, and ZIP code
MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number 043026897	d Employee's social security number 024-28-8555
---	--

13 See Instrs. for Box 13

C 1453.92

e Employee's name, address, and ZIP code
ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA
01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
		X				
1995	16 State	Employer's state I.D. No.		17 State wages, tips, etc.		
	MA	042103606		74246.24		
Form W-2 Wage and Tax Statement				18 State income tax	19 Locality name	
				4232.58		
Copy B To Be Filed With Employee's FEDERAL Tax Return				20 Local wages, tips, etc.	21 Local income tax	

16-0331690 Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008	
a Control number	1 Wages, tips, other compensation 74246.24
	2 Federal income tax withheld 3600.00
	3 Social security wages 61200.00
	4 Social security tax withheld 3794.40
	5 Medicare wages and tips 74246.24
	6 Medicare tax withheld 1076.57

c Employer's name, address, and ZIP code
MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number 043026897	d Employee's social security number 024-28-8555
---	--

13 See Instrs. for Box 13

C 1453.92

e Employee's name, address, and ZIP code
ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA
01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
		X				
1995	16 State	Employer's state I.D. No.		17 State wages, tips, etc.		
	MA	042103606		74246.24		
Form W-2 Wage and Tax Statement				18 State income tax	19 Locality name	
				4232.58		
Copy for EMPLOYEE'S State, City, or Local Income Tax Return				20 Local wages, tips, etc.	21 Local income tax	

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008	
a Control number	1 Wages, tips, other compensation 74246.24
	2 Federal income tax withheld 3600.00
	3 Social security wages 61200.00
	4 Social security tax withheld 3794.40
	5 Medicare wages and tips 74246.24
	6 Medicare tax withheld 1076.57

c Employer's name, address, and ZIP code
MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number 043026897	d Employee's social security number 024-28-8555
---	--

13 See Instrs. for Box 13

C 1453.92

e Employee's name, address, and ZIP code
ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA
01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
		X				
1995	16 State	Employer's state I.D. No.		17 State wages, tips, etc.		
	MA	042103606		74246.24		
Form W-2 Wage and Tax Statement				18 State income tax	19 Locality name	
				4232.58		
Copy C For EMPLOYEE'S RECORDS				20 Local wages, tips, etc.	21 Local income tax	

Department of the Treasury—Internal Revenue Service

(FORM 275) - EMPLOYEE COPIES (Black)

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(FORM 275) - EMPLOYEE COPIES (Black)

a Control number 00		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer's identification number 04-3026897		1 Wages, tips, other compensation 3780.91		2 Federal income tax withheld 3000.00			
c Employer's name, address, and ZIP code MOUNT AUBURN PROFESSIONAL SVCS. 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02238		3 Social security wages 0.00		4 Social security tax withheld 0.00			
		5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 024-28-8555		9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT, MA 01908		11 Nonqualified plans		12 Benefits included in box 1			
		13 See Instrs. for box 13 J 24434.81		14 Other SICK PAY			
		15 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	Hshld emp. <input type="checkbox"/>
16 State <input type="checkbox"/>	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax	

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

Department of the Treasury-Internal Revenue Service

Form **W-2** Wage and Tax Statement **1996**

a Control number 04-3026897		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer's identification number 04-3026897		1 Wages, tips, other compensation 12182.00		2 Federal income tax withheld 9000.00			
c Employer's name, address, and ZIP code MOUNT AUBURN PROFESSIONAL SVCS. 330 MOUNT AUBURN STREET CAMBRIDGE MA 02238		3 Social security wages 0.00		4 Social security tax withheld 0.00			
		5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00			
		7 Social security tips 0.00		8 Allocated tips 0.00			
d Employee's social security number 024-28-8555		9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT MA 01908		11 Nonqualified plans		12 Benefits included in box 1			
		13 See Instrs. for box 13 SICK PAY (J) 78728.46		14 Other			
		15 Statutory employee <input type="checkbox"/>		Deceased emp. <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	Heid. emp. <input type="checkbox"/>
				Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>		
16 State	Employer's state I.D. No.	17 State wages, tips, etc. 12182.00	18 State income tax 0.00	19 Locality name	20 Local wages, tips, etc. 12182.00	21 Local income tax 0.00	

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

Department of the Treasury-Internal Revenue Service

Form **W-2** Wage and Tax Statement **1996**

Copy C For EMPLOYEE'S RECORDS (See Notice)		1997	OMB No. 1545-0008
a Control number 7827	1 Wages, tips, other comp. 4327.03	2 Federal income tax withheld 3433.33	
b Employer's ID no. 043026897	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code Mount Auburn Professional Services 330 Mount Auburn Street Cambridge, MA. 02238			
d Employee's social security number 024-28-8555			
e Employee's name, address, and ZIP code Anthony Scapicchio 240 Nahant Street Nahant, MA. 01908			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1	
13 See Instrs. for Box 13 J 27964.29		14 Other Sick Pay	
15 Statutory employee	Deceased	Pension plan	Legal rep.
MA			
4327.03			
16 State Emplr's state I.D. #	17 State wages, tips, etc.	18 State income tax	
19 Locality name	20 Local wages, tips, etc.	21 Local income tax	
4327.03			

Form W-2 Wage and Tax Statement

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury-IRS
41-1628061

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		1997	OMB No. 1545-0008
a Control number 7827	1 Wages, tips, other comp. 4327.03	2 Federal income tax withheld 3433.33	
b Employer's ID no. 043026897	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code Mount Auburn Professional Services 330 Mount Auburn Street Cambridge, MA. 02238			
d Employee's social security number 024-28-8555			
e Employee's name, address, and ZIP code Anthony Scapicchio 240 Nahant Street Nahant, MA 01908			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1	
13 See Instrs. for Box 13 J 27964.29		14 Other Sick Pay	
15 Statutory employee	Deceased	Pension plan	Legal rep.
MA			
4327.03			
16 State Emplr's state I.D. #	17 State wages, tips, etc.	18 State income tax	
19 Locality name	20 Local wages, tips, etc.	21 Local income tax	
4327.03			

Form W-2 Wage and Tax Statement

Dept. of the Treasury-IRS
41-1628061

L4UP

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		1998		OMB No. 1545-0008
a Control number	1 Wages, tips, other comp. 26,130.43	2 Federal income tax withheld 20,566.67		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number 04-3026897	5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code MOUNT AUBURN PROFESSIONAL SERVICES 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02238				
d Employee's social security number 024-28-8555				
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT, MA 01908				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1		
13 See instrs. for box 13 J 168,872.93		14 Other SICK PAY		
15 Statutory employee Deceased Pension plan Legal rep. Deferred comp.				
MA 04-3026897	26,130.43			
16 State Employer's state I.D. #	17 State wages, tips, etc.	18 State income tax		
19 Locality name	20 Local wages, tips, etc.	21 Local income tax		

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS 41-1628061
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		1998		OMB No. 1545-0008
a Control number	1 Wages, tips, other comp. 26,130.43	2 Federal income tax withheld 20,566.67		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number 04-3026897	5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code MOUNT AUBURN PROFESSIONAL SERVICES 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02238				
d Employee's social security number 024-28-8555				
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT MA 01908				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1		
13 See instrs. for box 13 J 168,872.93		14 Other SICK PAY		
15 Statutory employee Deceased Pension plan Legal rep. Deferred comp.				
MA 04-3026897	26,130.43			
16 State Employer's state I.D. #	17 State wages, tips, etc.	18 State income tax		
19 Locality name	20 Local wages, tips, etc.	21 Local income tax		

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS 41-1628061
L4UP

Form W-2 Wage and Tax Statement

1999

OMB No. 1545-0008

Department of the Treasury-Internal Revenue Service

a Control number 177743		Copy 2 To Be Filed with Employee's City or Local Income Tax Return		1 Wages, tips, other compensation 14626.02	2 Federal income tax withheld 7500.00
c Employer's name, address, and ZIP code MOUNT AUBURN HOSPITAL 330 MT AUBURN STREET SUB 0000 LOC 00000000 CAMBRIDGE, MA 02138		b Employer identification number 04-3026897	3 Social security wages	4 Social security tax withheld	
		d Employee's social security number 024-28-8555	5 Medicare wages and tips	6 Medicare tax withheld	
		7 Social security tips	8 Allocated tips	9 Advance EIC payment	
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT, MA 01908		10 Dependent care benefits	13 J 94523.34	14 Other SICK PAY	
		11 Nonqualified plans			
		12 Benefits included in box 1			
		15 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Deferred compensation			
16 State MA	Employer's state I.D. no.	17 State wages, tips, etc. 14626.02	18 State income tax	19 Locality name	20 Local wages, tips, etc. 14626.02
					21 Local income tax

a Control number 177743		Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		1 Wages, tips, other compensation 14626.02	2 Federal income tax withheld 7500.00
c Employer's name, address, and ZIP code MOUNT AUBURN HOSPITAL 330 MT AUBURN STREET SUB 0000 LOC 00000000 CAMBRIDGE, MA 02138		b Employer identification number 04-3026897	3 Social security wages	4 Social security tax withheld	
		d Employee's social security number 024-28-8555	5 Medicare wages and tips	6 Medicare tax withheld	
		7 Social security tips	8 Allocated tips	9 Advance EIC payment	
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT, MA 01908		10 Dependent care benefits	13 See instrs. for box 13 J 94523.34	14 Other SICK PAY	
		11 Nonqualified plans			
		12 Benefits included in box 1			
		15 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Deferred compensation			
16 State MA	Employer's state I.D. no.	17 State wages, tips, etc. 14626.02	18 State income tax	19 Locality name	20 Local wages, tips, etc. 14626.02
					21 Local income tax

Form W-2 Wage and Tax Statement

1999

OMB No. 1545-0008

Department of the Treasury-Internal Revenue Service

548

OMB No. 1545-0008	
a Control number	1 Wages, tips, other compensation 15064.80
	2 Federal income tax withheld 0.00
	3 Social security wages 0.00
	4 Social security tax withheld 0.00
	5 Medicare wages and tips 0.00
	6 Medicare tax withheld 0.00

Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code
MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1
b Employer's identification number 043026897		d Employee's social security number 024-28-8555
13 See Instrs. for Box 13 C 0.00 G 97359.06		14 Other

e Employee's name, address, and ZIP code
ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT MA 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Deferred compensation
		X		
Form W-2		16 State Employer's state I.D. No. MA 043026897	17 State wages, tips, etc. 15064.80	
Wage and Tax Statement		18 State income tax 0.00	19 Locality name	
2000		20 Local wages, tips, etc.	21 Local income tax	

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008	
a Control number	1 Wages, tips, other compensation 15064.80
	2 Federal income tax withheld 0.00
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	3 Social security wages 0.00
	4 Social security tax withheld 0.00
	5 Medicare wages and tips 0.00
	6 Medicare tax withheld 0.00

Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code
MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1
b Employer's identification number 043026897		d Employee's social security number 024-28-8555
13 See Instrs. for Box 13 C 0.00 G 97359.06		14 Other

e Employee's name, address, and ZIP code
ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT MA 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Deferred compensation
		X		
Form W-2		16 State Employer's state I.D. No. MA 043026897	17 State wages, tips, etc. 15064.80	
Wage and Tax Statement		18 State income tax 0.00	19 Locality name	
2000		20 Local wages, tips, etc.	21 Local income tax	

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

(FORM 275) - EMPLOYEE COPIES (Black)

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559

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation 15516.72	2 Federal income tax withheld 1200.00
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 J 15516.72
12b	12c	12d

b Employer identification number

043026897

d Employee's social security number

024-28-8555

13 Statutory employer	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code

ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT MA 01908

Form W-2 Wage and Tax Statement 2001 Copy 2 For State, City or Local Tax Department	15 State Employer's state ID number MA 0423026897	16 State wages, tips, etc. 15516.72
	17 State income tax 0.00	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation 15516.72	2 Federal income tax withheld 1200.00
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 J 15516.72
12b	12c	12d

b Employer identification number

043026897

d Employee's social security number

024-28-8555

13 Statutory employer	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code

ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT MA 01908

Form W-2 Wage and Tax Statement 2001 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).	15 State Employer's state ID number MA 0423026897	16 State wages, tips, etc. 15516.72
	17 State income tax 0.00	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

(FORM 275) - EMPLOYEE COPIES (Black)

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D

OMB No. 1545-0048 16-0331690 Department of the Treasury—Internal Revenue Service	
a Control number	1 Wages, tips, other compensation 15977.38
	2 Federal income tax withheld 1160.00
	3 Social security wages 0.00
	4 Social security tax withheld 0.00
	5 Medicare wages and tips 0.00
	6 Medicare tax withheld 0.00

c Employee's name, address, and ZIP code

Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 J 103256.72
12b	12c	12d

b Employer identification number 043026897 d Employee's social security number 024-28-8555

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2	15 State Employer's state ID number MA 043026897	16 State wages, tips, etc. 15977.38
Wage and Tax Statement	17 State income tax 0.00	18 Local wages, tips, etc.
2002	19 Local income tax	20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. (Rev. February 2002)

OMB No. 1545-0048 16-0331690 Department of the Treasury—Internal Revenue Service	
a Control number	1 Wages, tips, other compensation 15977.38
	2 Federal income tax withheld 1160.00
	3 Social security wages 0.00
	4 Social security tax withheld 0.00
	5 Medicare wages and tips 0.00
	6 Medicare tax withheld 0.00

c Employee's name, address, and ZIP code

Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 J 103256.72
12b	12c	12d

b Employer identification number 043026897 d Employee's social security number 024-28-8555

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2	15 State Employer's state ID number MA 043026897	16 State wages, tips, etc. 15977.38
Wage and Tax Statement	17 State income tax 0.00	18 Local wages, tips, etc.
2002	19 Local income tax	20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. (Rev. February 2002)

This information is being furnished to the Internal Revenue Service if you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxed and you fail to report it.

OMB No. 1545-0048 16-0331690 Department of the Treasury—Internal Revenue Service	
a Control number	1 Wages, tips, other compensation 15977.80
	2 Federal income tax withheld 1160.00
	3 Social security wages 0.00
	4 Social security tax withheld 0.00
	5 Medicare wages and tips 0.00
	6 Medicare tax withheld 0.00

c Employee's name, address, and ZIP code

Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 J 103256.72
12b	12c	12d

b Employer identification number 043026897 d Employee's social security number 024-28-8555

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2	15 State Employer's state ID number MA 043026897	16 State wages, tips, etc. 15977.38
Wage and Tax Statement	17 State income tax 0.00	18 Local wages, tips, etc.
2002	19 Local income tax	20 Locality name

(Rev. February 2002)

OMB No. 1545-0048 16-0331690 Department of the Treasury—Internal Revenue Service	
a Control number	1 Wages, tips, other compensation 15977.38
	2 Federal income tax withheld 1160.00
	3 Social security wages 0.00
	4 Social security tax withheld 0.00
	5 Medicare wages and tips 0.00
	6 Medicare tax withheld 0.00

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Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge, MA. 02238

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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 J 103256.72
12b	12c	12d

b Employer identification number 043026897 d Employee's social security number 024-28-8555

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2	15 State Employer's state ID number MA 043026897	16 State wages, tips, etc. 15977.38
Wage and Tax Statement	17 State income tax 0.00	18 Local wages, tips, etc.
2002	19 Local income tax	20 Locality name

(Rev. February 2002)

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